

Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name GARY V STAPLES
Full Address 364 Fokes + Rd. Laurel, MS 39448
Telephone 601 649 4972 (Fax) 601 649 4973
E-mail _____
Office Sought Rep. Political Party REPUBLICAN

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	<u>2450⁰⁰</u>	\$ <u>2450⁰⁰</u>	\$ <u>2450⁰⁰</u>
Total amount of disbursements	<u>0</u>	\$ <u>0</u>	\$
Total amount of cash on hand	<u>2450</u>	\$ <u>2450</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED

JAN 18 2010

Secretary of State
Capitol Office

Wrong stamp
Jan 19
9:25am
Kern

Name of Candidate or Committee GARY STAPLES
 Reporting period JAN 1 2009 through Dec 31-2009

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DeNBury</u>		___/___/___	\$ <u>500.00</u>
Mailing Address _____		___/___/___	\$ _____
City, State, Zip Code _____		___/___/___	\$ _____
Name of Employer (Required) _____		___/___/___	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Power Co PAC</u>		___/___/___	\$ <u>400.00</u>
Mailing Address _____		___/___/___	\$ _____
City, State, Zip Code _____		___/___/___	\$ _____
Name of Employer (Required) _____		___/___/___	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>400.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Koch Co. Public Sector LLC</u>		___/___/___	\$ <u>250.00</u>
Mailing Address _____		___/___/___	\$ _____
City, State, Zip Code _____		___/___/___	\$ _____
Name of Employer (Required) _____		___/___/___	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Electric Power Assoc.</u>		___/___/___	\$ <u>500.00</u>
Mailing Address _____		___/___/___	\$ _____
City, State, Zip Code _____		___/___/___	\$ _____
Name of Employer (Required) _____		___/___/___	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____

Name of Candidate or Committee Gary V StaplesReporting period JAN 2009 through Dec 2009

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ATT</u>		___/___/___	\$ <u>500.00</u>
Mailing Address _____		___/___/___	\$ _____
City, State, Zip Code _____		___/___/___	\$ _____
Name of Employer (Required) _____		___/___/___	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Reynolds American</u>		___/___/___	\$ <u>300.00</u>
Mailing Address _____		___/___/___	\$ _____
City, State, Zip Code _____		___/___/___	\$ _____
Name of Employer (Required) _____		___/___/___	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>300.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		___/___/___	\$ _____
Mailing Address _____		___/___/___	\$ _____
City, State, Zip Code _____		___/___/___	\$ _____
Name of Employer (Required) _____		___/___/___	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		___/___/___	\$ _____
Mailing Address _____		___/___/___	\$ _____
City, State, Zip Code _____		___/___/___	\$ _____
Name of Employer (Required) _____		___/___/___	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____